



CHEROKEE NATION®

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Chad "Cornassel" Smith
Principal Chief

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Joe Grayson, Jr.
Deputy Principal Chief

July 31, 2006

Randall L. Johnson, Chair
Citizens' Health Care Working Group
Attn: Interim Recommendations
7201 Wisconsin Avenue Suite 575
Bethesda, MD 20814

Dear Mr. Johnson:

On behalf of the Cherokee Nation, please accept the following comments on the Citizens' Health Care Working Group (CHCWG) interim recommendations for making quality health care more accessible and affordable to every American. While the Cherokee Nation is fully supportive of efforts to improve the health status of everyone in the United States, we urge that any recommendations submitted by the CHCWG include provisions to improve the current American Indian and Alaska Native health system.

When considering American Indian and Alaska Native (AI/AN) health issues, the recognition of the legal and political status of citizens of federally recognized Tribal governments is an essential factor in discussing any reforms to the provision of health services to this population. Failure to recognize this distinction will further exacerbate the disproportionate health disparities suffered by American Indians and Alaska Natives. While Tribal citizens meet the definition of "minority," a person's status as a Tribal citizen is intrinsically related to health care delivery. The recognition of the unique legal and political status of Tribes and Tribal citizens is reflected in numerous treaties, statutes, court decisions, Presidential Executive Order 13175, the Secretary of Health and Human Services Tribal Consultation Policy, and several federal agency Tribal Consultation Policies.

In reviewing the CHCWG interim recommendations, the Cherokee Nation offers several issues the CHCWG should consider regarding the health care delivery to the AI/AN population as final recommendations are developed:

Recommendation One: Guarantee financial protection against very high health care costs

As the primary federal agency for providing health care services to American Indians and Alaska Natives based on the federal government's trust responsibility, the impact on the Indian Health Service (IHS) with the creation of a national health program must be thoroughly considered. The IHS provides health care to eligible American Indian and Alaska Natives (AI/AN) through a comprehensive health system of hospitals and outpatient services. Additionally, health care for American Indian and Alaska Natives is provided through facilities operated by a Tribe or Tribal organization authorized by Title I or III of the Indian Self Determination and Education Assistance Act (P.L. 93-638) and Urban Indian programs authorized under Title V of the Indian Health Care Improvement Act (P.L. 94-437). Collectively, the Indian Health Service, Tribal Programs, and Urban Indian Clinics are known as the I/T/U system.

In the development of any national health care programs, health coverage, or protection for low income families and individuals, special consideration must be made to ensure the I/T/U system remains intact and American Indians and Alaska Natives are fully eligible to participate and that the I/T/U can participate as a provider. Additionally, steps should be taken to allow federal funds to be utilized for premiums, deductibles, co-payments, etc. imposed on eligible American Indians and Alaska Natives.

Recommendation Two: Support integrated community health networks.

Because of chronic under-funding and the remote location of Tribal lands, access to adequate health care services is severely diminished in Indian Country. The integration of community health networks can benefit underserved communities immensely and Tribal health facilities have long been interested in participating in various programs offered through the Health Resources Services Administration (HRSA) and the Centers for Medicare and Medicaid Services (CMS). However, many Tribal governments experience barriers when attempting to access various services and programs because of requirements that are not plausible for the I/T/U system. Any reforms should include the ability of the I/T/U system to participate fully in such programs.

Recommendation Three: Promote efforts to improve quality of care and efficiency.

Recommendation Three calls for the expansion of federal programs to improve quality and efficiency across the entire health system. As a federally funded health system, the I/T/U system should be included as an integral part of any reforms being discussed. One critical aspect to improving quality and efficiency in the I/T/U system is equitable funding.

Federal statistics indicate that per capita expenditures for I/T/U beneficiaries are approximately one-half of the per capita expenditures for Medicaid beneficiaries, one-third of the per capita expenditures for VA beneficiaries, and one-half of the per capita expenditures for federal prisoners. Because of such limited funding, the I/T/U system is not able to provide the level of care that is expected in most segments of American society. In order to improve the health status of all citizens of the United States, special consideration must be given to addressing the needs of citizens that have been most negatively affected by federal health policy.

Recommendation Four: Fundamentally restructure the way that palliative care, hospice care and other end-of-life services are financed and provided, so that people living with advanced incurable conditions have increased access to these services in the environment they choose.

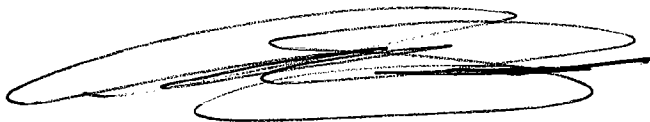
The Cherokee Nation is committed to providing culturally appropriate care for its elderly population and dedicates many resources for such endeavors. However, several barriers exist in serving the elderly population in Indian Country. Many of the issues have been identified in comments including regarding Recommendation One, but also include a lack of funding for elder care within the Indian Health Service, estate issues that make it difficult to participate in the Medicaid program, and the imposition of cost sharing.

Recommendation Five: It should be public policy that all Americans have affordable health care, and Recommendation Six: Define a 'core' benefit package for all Americans.

Federally driven efforts to enable all Americans to have affordable health care, as well as core health benefits, will require close coordination and interaction between numerous federal agencies. In order to ensure that such efforts effectively reach the American Indian and Alaska Native population, the Indian Health Service and Tribal governments must be closely involved to ensure any reforms do not have a negative impact on the I/T/U system.

The Cherokee Nation remains supportive of efforts to improve the health care delivery system in the United States. Thank you for your consideration and should the CHCWG desire to discuss this matter further, please contact J.T. Petherick, Cherokee Nation Health Legislative Officer, at (918) 822-2419 or by e-mail at jt-petherick@cherokee.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'Chad Smith', with a stylized, flowing script.

Chad Smith
Principal Chief